=> d 15 7 8 9 10 28 25 all

L5 ANSWER 7 OF 101 MEDLINE on STN
AN 2000048304 MEDLINE
DN PubMed ID: 10581603
TI **Vaccine** therapy for patients with melanoma.
AU Haigh P I; Difronzo L A; Gammon G; **Morton D L**
CS Sonya Valley Ghidossi Vaccine Laboratory, John Wayne Cancer Institute, Saint John's Health Center, Santa Monica, California, USA.
SO Oncology (Williston Park, N.Y.), (1999 Nov) 13 (11) 1561-74; discussion 1574 passim. Ref: 81
Journal code: 8712059. ISSN: 0890-9091.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LA English
FS Priority Journals
EM 200001
ED Entered STN: 20000204
Last Updated on STN: 20000204
Entered Medline: 20000124
AB Investigation into the therapeutic use of vaccines in patients with metastatic melanoma is critically important because of the lack of effective conventional modalities. The most extensively studied melanoma vaccines in clinical trials are whole-cell preparations or cell lysates that contain multiple antigens capable of stimulating an immune response. Unfortunately, in the majority of studies, immune responses to these vaccines have not translated into a survival advantage. Advances in tumor cell immunology have led to the identification of candidate tumor cell antigens that can stimulate an immune response; this, in turn, has allowed for refinements in **vaccine** design. However, the exact tumor antigens that should be targeted with a specific **vaccine** are unknown. The univalent antigen vaccines, which have greater purity, ease of manufacturing, and reproducibility compared with polyvalent vaccines, may suffer from poorer efficacy due to immunoselection and appearance of antigen-negative clones within the tumor. Novel approaches to **vaccine** design using gene transfection with cytokines and dendritic cells are all promising. However, the induction of immune responses does not necessarily confer a therapeutic benefit. Therefore, these elegant newer strategies need to be studied in carefully designed clinical trials so that outcomes can be compared objectively with standard therapy. If survival is improved with these **vaccine** approaches, their ease of administration and lack of toxicity will firmly entrench active specific **vaccine** immunotherapy as a standard modality in the treatment of the melanoma patient.
CT Check Tags: Human
*Cancer Vaccines: TU, therapeutic use
Melanoma: IM, immunology
*Melanoma: TH, therapy
Skin Neoplasms: IM, immunology
*Skin Neoplasms: TH, therapy
CN 0 (Cancer Vaccines)

L5 ANSWER 8 OF 101 MEDLINE on STN
AN 1999256626 MEDLINE
DN PubMed ID: 10326694
TI Active specific immunotherapy with polyvalent melanoma cell **vaccine** for patients with in-transit melanoma metastases.
AU Hsueh E C; Nathanson L; Foshag L J; Essner R; Nizze J A; Stern S L; **Morton D L**

CS Roy E. Coats Research Laboratories, John Wayne Cancer Institute at Saint John's Health Center, Santa Monica, California 90404, USA.
NC CA12582 (NCI)
CA29605 (NCI)
SO Cancer, (1999 May 15) 85 (10) 2160-9.
Journal code: 0374236. ISSN: 0008-543X.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199905
ED Entered STN: 19990607
Last Updated on STN: 19990607
Entered Medline: 19990527
AB BACKGROUND: This study was conducted to document the rate, duration, and type of objective response to active specific immunotherapy with a polyvalent melanoma cell **vaccine** (PMCV) for patients with in-transit melanoma metastases and to identify any acute or chronic toxic effects of PMCV treatment. METHODS: An analysis was conducted of all in-transit melanoma patients seen at the John Wayne Cancer Institute in Santa Monica, California, during the period 1985-1997 who were enrolled in prospective PMCV protocols in the absence of other therapies with possible antitumor activity (n = 54). Clinical response to PMCV was assessed by standard criteria. Survival curves were estimated by the Kaplan-Meier method. Toxicity was graded according to the Eastern Cooperative Oncology Group standard. RESULTS: PMCV produced a 17% (9 of 54 patients) objective response rate with a 13% rate (7 of 54 patients) of complete remission (CR). The median duration of CR was >22 months. Complete response lasting more than 1 year was observed in 4 patients (7.2%); 1 patient remained in remission over 9 years. Median survival was >53 months (i.e., not reached) for responders, 42 months for nonresponders, and 53 months overall. Salvage interventions allowed reinduction with PMCV in 23 of 25 patients, who subsequently remained clinically free of disease for a median of 14 months. Overall toxicity was mild, easily tolerable, and did not significantly change the quality of life. There were no toxic deaths. CONCLUSIONS: PMCV can cause objective complete regression of measurable intransit metastatic melanoma with minimal toxicity, and may prolong patients' median survival.
CT Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Cancer Vaccines: AD, administration & dosage
Cancer Vaccines: AE, adverse effects
*Cancer Vaccines: TU, therapeutic use
Melanoma: IM, immunology
Melanoma: PA, pathology
*Melanoma: TH, therapy
Retrospective Studies
Skin Neoplasms: IM, immunology
Skin Neoplasms: PA, pathology
*Skin Neoplasms: TH, therapy
Survival Analysis
Treatment Outcome
*Vaccination
CN 0 (Cancer Vaccines)

L5 ANSWER 9 OF 101 MEDLINE on STN
AN 1999142903 MEDLINE
DN PubMed ID: 9989797
TI IgM anti-ganglioside antibodies induced by melanoma cell **vaccine** correlate with survival of melanoma patients.
AU Takahashi T; Johnson T D; Nishinaka Y; **Morton D L**; Irie R F
CS Department of Biotechnology Sciences, John Wayne Cancer Institute, Santa

Monica, California 90404, USA.
NC CA12582 (NCI)
CA30647 (NCI)
SO Journal of investigative dermatology, (1999 Feb) 112 (2) 205-9.
Journal code: 0426720. ISSN: 0022-202X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199902
ED Entered STN: 19990311
Last Updated on STN: 19990311
Entered Medline: 19990223
AB Melanoma cells express ganglioside antigens GM3, GD3, GM2, and GD2 on their surface. This study examined whether immunization with a melanoma cell **vaccine** induced anti-ganglioside antibody responses in melanoma patients and whether these responses were correlated with survival. Sixty-six patients who had received melanoma cell **vaccine** immunotherapy after surgical removal of regional metastatic melanoma were identified. Cryopreserved serum samples from these patients were used in an enzyme-linked immunsorbent assay to determine the IgM antibody levels to GM2, GD2, GM3, and GD3 prior to melanoma cell **vaccine** treatment and 4 wk after the first melanoma cell **vaccine** immunization. All antibody levels significantly increased by week 4 ($p < 0.001$ for all four antibodies) and all increases were significantly associated with survival (anti-GD2, $p < 0.001$; anti-GM2, $p = 0.001$; anti-GD3, $p < 0.001$; anti-GM3, $p < 0.001$). Anti-tumor activity of these antibodies was proved using five representative antibody-positive sera in a complement-dependent cytotoxicity assay with cultured melanoma cell lines. These studies suggest that GM2, GD2, GM2, and GD3 expressed by melanoma cells can induce specific IgM antibodies and that high levels of these antibodies might have a beneficial impact on survival.
CT Check Tags: Human; Support, U.S. Gov't, P.H.S.
Antibodies, Anti-Idiotypic: BL, blood
*Antibodies, Anti-Idiotypic: IM, immunology
Antibody Formation
Cancer Vaccines
Cytotoxicity, Immunologic
*G(M2) Ganglioside: IM, immunology
Immunoglobulin M: BL, blood
*Melanoma: IM, immunology
Melanoma: MO, mortality
Survival Rate
RN 19600-01-2 (G(M2) Ganglioside)
CN 0 (Antibodies, Anti-Idiotypic); 0 (Cancer Vaccines); 0 (Immunoglobulin M); 0 (anti-IgM)

L5 ANSWER 10 OF 101 MEDLINE on STN
AN 1999081274 MEDLINE
DN PubMed ID: 9865676
TI Active immunotherapy with allogeneic tumor cell vaccines: present status.
AU Chan A D; **Morton D L**
CS Sonya Valley Ghidossi Vaccine Laboratory of the Roy E. Coats Research Laboratories, John Wayne Cancer Institute, Saint John's Health Center, Santa Monica, CA, USA.
NC CA12582 (NCI)
SO Seminars in oncology, (1998 Dec) 25 (6) 611-22. Ref: 73
Journal code: 0420432. ISSN: 0093-7754.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)

(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199901
ED Entered STN: 19990128
Last Updated on STN: 19990128
Entered Medline: 19990114
AB This review will concentrate on allogeneic vaccines for melanoma The important principles of melanoma **vaccine** effectiveness are discussed in detail, followed by a review of the progress of several clinical trials investigating allogeneic vaccines. No therapeutic cancer **vaccine** has yet been approved for general use by the US Food and Drug Administration. However, much progress has been made in the field of **vaccine** immunotherapy, especially for the treatment of melanoma. Active immunotherapy with tumor vaccines is progressing rapidly as an emerging option for cancer therapy.
CT Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Antigens, Neoplasm
*Cancer Vaccines: TU, therapeutic use
Clinical Trials
*Immunotherapy, Active
*Melanoma: TH, therapy
T-Lymphocytes, Cytotoxic
CN 0 (Antigens, Neoplasm); 0 (Cancer Vaccines)

L5 ANSWER 28 OF 101 MEDLINE on STN
AN 95114398 MEDLINE
DN PubMed ID: 7814879
TI Melanoma patients immunized with melanoma cell **vaccine** induce antibody responses to recombinant MAGE-1 antigen.
AU Hoon D S; Yuzuki D; Hayashida M; **Morton D L**
CS John Wayne Institute for Cancer Treatment and Research, Saint Johns' Hospital and Health Center, Santa Monica, CA 90404.
NC CA-12582 (NCI)
SO Journal of immunology (Baltimore, Md. : 1950), (1995 Jan 15) 154 (2) 730-7.
Journal code: 2985117R. ISSN: 0022-1767.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199502
ED Entered STN: 19950217
Last Updated on STN: 19960129
Entered Medline: 19950209
AB The MAGE-1 gene was recently characterized to encode an immunogenic tumor Ag on several types of human tumors, including melanoma. This Ag is expressed in a wide variety of human tumors and not in normal cells, except testicular tissue, as assessed through specific mRNA analysis. In this study we cloned the MAGE-1 gene exon 3 region from a colon carcinoma cell line and expressed it in Escherichia coli. The recombinant MAGE-1 protein was affinity purified. By using Western blot analysis, IgG and IgM anti-MAGE-1 Abs were detected in the sera of melanoma patients. Fifty-three patients immunized with a melanoma cell **vaccine** (MCV) were assessed for anti-MAGE-1 IgG responses by using a MAGE-1 Ag-specific ELISA. The MCV consisted of three melanoma cell lines that expressed MAGE-1. Comparisons of anti-MAGE-1 IgG response pre-MCV treatment with 12- to 16-wk post-MCV treatment were made. Fifty-seven percent of the patients immunized with the MCV showed significant enhancement of IgG response to recombinant MAGE-1 protein. Patients who responded had no particular HLA-A or -B allele expression pattern. Melanoma patients immunized with whole cell MCV containing MAGE-1 can

enhance anti-MAGE-1 IgG Absolute Recombinant MAGE-1 protein can be used to assess patient response to MAGE-1 and will be investigated as a potential cancer **vaccine** against a wide variety of human tumors that express MAGE-1.

CT Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Amino Acid Sequence
*Antibodies, Neoplasm: BI, biosynthesis
*Antigens, Neoplasm: IM, immunology
Base Sequence
Blotting, Western
Enzyme-Linked Immunosorbent Assay
HLA-A Antigens: IM, immunology
Immunoglobulin G: BI, biosynthesis
*Melanoma: IM, immunology
Molecular Sequence Data
*Neoplasm Proteins
Polymerase Chain Reaction
Recombinant Proteins: IM, immunology
*Vaccines: IM, immunology

CN 0 (Antibodies, Neoplasm); 0 (Antigens, Neoplasm); 0 (HLA-A Antigens); 0 (Immunoglobulin G); 0 (MAGEA1 protein, human); 0 (Neoplasm Proteins); 0 (Recombinant Proteins); 0 (Vaccines)

GEN MAGE-1

L5 ANSWER 25 OF 101 MEDLINE on STN

AN 96285389 MEDLINE

DN PubMed ID: 8673695

TI **Vaccine** therapy for malignant melanoma.

AU **Morton D L**; Barth A

CS John Wayne Cancer Institute, Saint John's Hospital and Health Center, Santa Monica, California, USA.

NC CA 12562 (NCI)
CA29605 (NCI)

SO CA: a cancer journal for clinicians, (1996 Jul-Aug) 46 (4) 225-44. Ref: 80
Journal code: 0370647. ISSN: 0007-9235.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199608

ED Entered STN: 19960822
Last Updated on STN: 19970203
Entered Medline: 19960809

CT Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Combined Modality Therapy
*Immunotherapy, Active
Interferon Alfa-2b: TU, therapeutic use
Melanoma:

```
=> d his

     (FILE 'HOME' ENTERED AT 08:35:20 ON 08 SEP 2004)

     FILE 'MEDLINE' ENTERED AT 08:35:27 ON 08 SEP 2004
L1             0 S ALLOTYPE AND MORTON/AU
                 E MORTON D L/AU
L2           529 S E3
L3             0 S ALLOTYPE AND L2
L4             0 S MHC AND L2
L5           101 S VACCINE AND L2
L6             0 S ENVELOPE AND L5
L7             0 S ENVELOPE AND L2
L8             0 S PLUPRIPOTENT
```